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Bib Data Sheet

|                             |  |              |                        |                                |
|-----------------------------|--|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/615,196 | FILING OR 371(c)<br>DATE<br>07/07/2003<br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>4384 |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/02/2003

|                                 |   |                           |                        |                       |                            |
|---------------------------------|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY<br>PA | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |

## ADDRESS

23122

## TITLE

SPINAL STABILIZATION IMPLANT AND METHOD OF APPLICATION

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>762 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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